



## MEDICAL ASSIGNMENT GOOD CAUSE NOTICE

State Form 6905 (R2 / 7-07) / FI 2009

If you are asked to cooperate with the medical assignment provision of the Medicaid program by doing something that you feel would result in physical or emotional harm to yourself, or other person to whom Medicaid is furnished, you may request a good cause waiver in accordance with 470 IAC 2.1-4.

If you refuse to cooperate and wish to claim good cause you must:

- 1) Specify the circumstances which you believe provide sufficient good cause. These circumstances are any in which cooperation could result in serious physical or emotional harm to the person for whom medical support is being sought.
- 2) Provide proof of your good cause claim within 20 days. Such proof includes:
  - any records which indicate that the person from whom medical support would be sought might inflict physical or emotional harm on the individual. Such records include court, medical, criminal, child protective services, social services, psychological or law enforcement.
  - medical records which indicate the history and present emotional health status of the individual, or a written statement from a mental health professional giving a diagnosis or prognosis concerning the emotional health of the individual.
  - sworn statements from other individuals who have knowledge of the circumstances.
- 3) Provide additional evidence as requested by the Division of Family Resources.

If you comply with the above requirements, your Medicaid will not be delayed or terminated pending the determination of good cause.

You will be notified in writing of the final determination made by the Division of Family Resources. If it is determined that good cause does not exist, you will have the opportunity to cooperate or withdraw from assistance. Continued refusal to cooperate will result in ineligibility for Medicaid as required by 42 CFR 433.148.

Signature of applicant / recipient	Case number
Signature of caseworker	Date of good cause claim ( <i>month, day, year</i> )

**DISTRIBUTION:** Original - Case Record; Copy - Applicant / Recipient